Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS5778NTC	A. BUILDING _____ B. WING _____	C 12/21/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW BEGINNINGS COUNSELING CENTERS - NORTH	2700 E LAKE MEAD BLVD#3 N LAS VEGAS, NV 89030

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 00	INITIAL COMMENTS This Statement of Deficiencies was generated as the result of an Complaint Investigation conducted on your facility from 12/9/10 to 12/21/10. The State Licensure survey was conducted in accordance with Chapter 449, Facilities for Treatment with Narcotics; Medication Units. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. Complaint #NV00027061 was substantiated. See Tag N169.	N 00		
N169 SS=D	449.1548(4) OPERATIONAL REQUIREMENTS In addition to all other requirements set forth in NAC 449.154 to 449.15485, inclusive, each facility for treatment with narcotics and each medication unit shall: 4. Be in full compliance with all applicable provisions of 42 C.F.R. Part 8, all other applicable federal laws and regulations and all other requirements of the SAMHSA and the DEA. This Regulation is not met as evidenced by: 42 Code of Federal Regulations 8.12 Federal opioid treatment standards	N169		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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N169	Continued From page 1 (b) Administrative and organizational structure. An OTP's organizational structure and facilities shall be adequate to ensure quality patient care and to meet the requirements of all pertinent Federal, State, and local laws and regulations. (i) Unsupervised or " take-home " use. To limit the potential for diversion of opioid agonist treatment medications to the illicit market, opioid agonist treatment medications dispensed to patients for unsupervised use shall be subject to the following requirements. (1) Any patient in comprehensive maintenance treatment may receive a single take-home dose for a day that the clinic is closed for business, including Sundays and State and Federal holidays. Based on record review and interview from 12/9/10 to 12/21/10, the facility was not in compliance with Title 42 Code of Federal Regulations (CFR), Part 8 by not submitting a clinic wide exception request (SMA-168) to the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Nevada State Opioid Treatment (SOTA) Authority for client take home doses during a four day clinic closure over the Thanksgiving holiday. The facility also failed to follow its policy regarding minimal dosing hours during holiday closures which caused one client to experience withdrawal symptoms. Findings include: During an interview conducted with the program director on 11/25/10, she reported the clinic was closed from 11/25/10 through 11/28/10. The facility failed to submit Form SMA-168 to SAMHSA and to the Nevada SOTA requesting a clinic-wide exception for the closure because the program director reported they were unaware of	N169		

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N169	Continued From page 2 the procedure. The clinic also failed to set up minimal dosing hours for clients who might be unstable and unable to receive the additional take-home doses prior to the closure. One client failed to come to the clinic prior to closure and therefore missed picking up his four take home doses for the weekend. The client reported experiencing minor withdrawal symptoms due to the lack of his methadone doses. Severity: 2 Scope: 1	N169		